STATE OF KANSAS OFFICE OF THE ATTORNEY GENERAL Through the KANSAS BUREAU OF INVESTIGATION

INSTRUCTIONS

RENEWAL OF PRIVATE DETECTIVE AGENCY LICENSE

The 2-year renewal application must be completed in its entirety to renew your private detective agency license. An incomplete application will result in processing delays. The Kansas Bureau of Investigation may take up to **90 days** to process an application.

The renewal agency application must be accompanied by:

- ➤ Two (2) applicant (blue) fingerprint cards for all owners, partners, officers, directors, associates with the agency.
- ➤ \$175.00 Renewal Fee. The application fee is non-refundable. A personal check, money order, cashiers check make payable to the Kansas Bureau of Investigation. We are able to offer the opportunity to charge any/all private detective licensing fees on your Visa or Master Card credit card. To charge your licensing fees, please complete the credit card form in this packet.
- ➤ Verification of a corporate surety bond in the amount of \$100,000 or more <u>OR</u> a certificate of insurance showing general liability insurance providing coverage in the amount of \$100,000 or more for bodily injury or property damage caused by negligence and errors or omissions; <u>OR</u> verification of \$100,000 or cash deposit with the State Treasurer.

To allow time for processing the renewal applications, please submit the renewal application, required documents and fees as soon as possible, but no later than the date of your current license.

Mail completed renewal application, accompanying documents and renewal fee to:

Private Detective Licensing Kansas Bureau of Investigation 1620 SW Tyler Topeka, Kansas 66612-1837

If you have questions please contact Nicole Dekat, Program Manager, Private Detective Licensing, (785) 296-4436, e-mail to Nicole.Dekat@kbi.state.ks.us, or postal mail.

FEE SCHEDULE PRIVATE DETECTIVE LICENSING, RENEWALS & other items

Independent (self-employed)

License fee - \$250.00 (2yrs from date of issuance)

Renewal fee \$175.00 (2yrs)

Requires \$100,000.00 bond or certificate of insurance

Agency (employs others)

License fee - \$250.00 (2yrs from date of issuance)

Renewal fee \$175.00 (2yrs)

Requires \$100,000.00 bond or certificate of insurance

Individual employee (works under the agency license)

License fee - \$250.00(2yrs from date of issuance)

Renewal fee \$175.00 (2yrs)

(Insurance covered by agency bond or insurance)

Officer, director, partner, or associate (of the agency engaged in detective business)

License fee - \$100.00 (2yrs from date of issuance)

Renewal fee \$100.00 (2yrs)

(Covered by agency bond or insurance)

Firearms permit (any licensed private investigator can apply for a firearms permit)

Permit fee - \$50.00

Renewal fee \$50.00 (2yrs)

Firearms trainer

Fee - \$100.00

Renewal fee \$100.00 (2yrs)

Other items:

Badge (and case) - \$55.00

Duplicate license - \$5.00

Information/application packet - \$15.00 (deducted from cost of application)

Current list of private detectives & agencies in Kansas - \$.24 per page

Date of Request		What is to be billed on the credit card
- <u> </u>		Check all that apply
Name on Credit Card		- PI Packet - Application - Firearm Permit - Badge/Case
Mailing Address for Credit Card		- Renewal
Street:		- Misc - explain
City:		Amount to be billed on your credit card
	Zip	Amount to be bined on your credit card
State:	code:	(sample - \$250.00)
Expiration Date		\$
Visa/MC 16 digit card number	-	MANDATORY 3 digit auth. code on back of card
Phone Number:		
Other Information Number:		
		·

STATE OF KANSAS OFFICE OF THE ATTORNEY GENERAL Through the KANSAS BUREAU OF INVESTIGATION

PRIVATE DETECTIVE AGENCY RENEWAL

1. Name of person submitting re	enewal application:	ype or print full name)			=
2. Agency name:			Agency number	r	<u>-</u>
3. Street address of business:					
(Number & Street)		(City)	(State)	(Zip)	-
Business phone:E-mail address:					
Mailing address if different					_
If renewal application is for I	oranch office please pr	ovide the street add	dress:		-
(Number & Street)		(City)	(State)	(Zip)	-
Business phone:	Fax ı	number:			_
4. List <u>all</u> owners, partners, of fingerprint cards are required in private detective busine	uired for each person ss or not.	listed whether tha	t person intend	s to perso	onally engage
Name					
Res. address(Number & S	Street)	(City)	(State) (Z	ip) Will engage in detective business
Date of birth:	SSN#		_ DL #		
➤ Name		F	Position		
Res. address(Number & S	treet)	(City)	(State)	(Zip)	Will engage in
Date of birth:		(,)	DL#	_	detective business

	Name		Position			
	Res. address	& Street)				
	(Number &	z Street)	(City)	(State)	(Zip) Will engage in detective busines	
	Date of birth:	SSN#	DL#			
>	Name Position					
	Res. address					
	(Number &	Street)	(City)	(State) (Zip)	Will engage in detective busines	
	Date of birth:	SSN#	DL	‡		
(P	roviding your SSN is volunt	d, to list <u>all</u> associates, partr tary, but it is requested purst or of Taxation for tax purpo	uant to K.S.A.74-139 an	d 74-148 an	•	
Re	ehabilitation Services for chi	ld support purposes.)				
	ease answer the following ovide a separate page with	questions. If the answer is a a full explanation.	s "yes" to any of the fol	lowing que	stions, please	
5	. In the past two years to y	our knowledge, has any offi	cer, partner, associate of	r director of	the agency:	
	(a) been arrested for any	crime other than minor traf	fic violations in this stat	e or any oth		
	(b) been indicted or conv	ricted of a felony in this state	e or any other state?	□ Yes □	No	
	(c) been convicted of a n	nisdemeanor in this state or	any other state?	□ Yes □	No	
	_	complaint to any departmen tal or regulatory body or off		_		
	(e) had any license as a paction in this state or	orivate detective denied, suspany other state?	pended, revoked, or subj	ected to oth	- •	
	(f) become a law enforce	ement officer or been grante	d a special commission	from any lav		
	(g) been found incompete disease?	ent, incapacitated or impaire	ed by reason of mental c	ondition, de	•	
	(h) become addicted to, of	dependent on or abusive of a	alcohol or any controlled		narcotic or drugs? No	
	(i) received inpatient or addiction, dependence	outpatient treatment for alco	ohol, any controlled subs	tance, narco	_	

APPLICANT'S AFFIDAVIT

(Must be signed before a Notary Public)

to sign the agency application. I have read an information contained herein is true and corre	d by the
	Applicant's Signature and position in agency
	Date
Subscribed and sworn to before me this	day of,
	Notary's Signature
	My commission expires: